

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

State / Territory: Kentucky

Citation

4.19 Payment for Services

42 CFR 447.252
1902 (a)(13)
and 1923 of
the Act

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902 (a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used determine rates for payment and inpatient hospital services.

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Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with Section 1861 (v) (I) (G) of the Act.

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Inappropriate levels of care days are not covered.

TN No. 92-1
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State / Territory: Kentucky

Citation
42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902 (a)(13)(E)
1903 (a)(I) and
(n), 1920, and
1926 of the Act

4.19(b)

In addition to the services specified in paragraphs 4.19 (a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a) (2) (C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respects to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and intermediate care facilities for the mentally retarded services that are described in other attachments.

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May 22, 1980

(BPP)

State / Territory: Kentucky

Citation
42 CFR 447.40
AT-78-90

4.19 (c)

Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.



Yes. The State's policy is described in ATTACHMENT 4.19-C.



No.

TN# 77-6
Supersedes
TN# _____

Approval Date: 11/23/77

Effective Date: 1/1/78

Revision: HCFA – Region VI
November 1990

State / Territory: Kentucky

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13) (A) of Act
(Section 4211(h)
(2) (A) of P.L.
100-203).

4.19(d)

- (1) The Medicaid agency meets requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

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Supersedes
TN No. 87-15

Approval Date: NOV 14 1994

Effective Date: 10/1/90

Revision: HCFA-AT-80-38(BPP)
May 22, 1980

State / Territory: Kentucky

Citation
42 CFR 447.45(c)
AT-79-50

4.19(e)

The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN# 79-13
Supersedes
TN # _____

Approval Date: 1/10/80

Effective Date: 8/23/79

Revision: HCFA-PM-87-4
MARCH 1987

(BERC)

OMB No.: 0938-0193

State / Territory: Kentucky

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No providers participating under the plan may deny any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55 (g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-15
Supersedes
TN No. 83-11

Approval Date: JAN 22 1988

Effective Date: 10-1-87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State / Territory: Kentucky

<u>Citation</u>	4.19(g)	The Medicaid agency assures appropriate audit of
42 CFR 447.201		records when payment is based on costs of
42 CFR 447.202		services or on a fee plus cost of materials.
AT-78-90		

TN #: 79-9
Supersedes
TN #: _____

Approval Date: 9/17/79

Effective Date: 8/6/79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State / Territory: Kentucky

<u>Citation</u>	4.19(h)	The Medicaid agency meets the requirements of
42 CFR 447.201		42 CFR 447.203 for documentation and availability
42 CFR 447.203		of payment rates.
AT-78-90		

TN #: 79-9
Supersedes
TN #: _____

Approval Date: 9/17/79

Effective Date: 8/6/79

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

State / Territory: Kentucky

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19 (i)

The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No.: 0938-

State / Territory: Kentucky

Citation

42 CFR
447.201
And 447.205

4.19 (j)

The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903 (v) of the
Act

(k)

The Medicaid agency meets the requirements of section 1903 (v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903 (v) of the Act.

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Supersedes
TN No #: 87-15

Approval Date: NOV 14 1994

Effective Date: 1-1-92

66(a)

Revision: HCFA-PM-92-7
October 1992

(MB)

State / Territory: Kentucky

Citation

1903 (i)(14)
of the Act

4.19(l) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

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Supersedes _____
TN No #: None

Approval Date: June 4 1993 Effective Date: 4-1-93

66(b)

Revision: HCFA-PM-94-8
October 1994

(MB)

State / Territory: Kentucky

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the administration of a
(C)(ii) of qualified pediatric vaccine as stated in 1928 (c) (2) (c) (ii) of the
the Act Act. Within this overall provision, Medicaid reimbursement to
providers will be administered as follows.

(ii) The State:

 sets a payment rate at the level of the regional maximum
established by the DHHS Secretary.

 is a Universal Purchase State and sets a payment rate at
the level of the regional maximum established in
accordance with State law.

 X sets a payment rate below the level of the regional
maximum established by the DHHS Secretary.

 X is a Universal Purchase State and sets a payment rate
below the level of the regional maximum established by
the Universal Purchase State.

The State pays the following rate for the administration of
a vaccine:

\$3.30 per administered fee (with a limit of a 3
administration fees per recipient, per date of service).

1926 of (iii) Medicaid beneficiary access to immunizations is assured through
the Act the following methodology:
The State's administration fee was established by using
Medicare's administration fee of \$3.28 rounded to the nearest
ten (10) cents. The state believes the use of Medicare's fee in
combination with Kentucky's KenPAC Program will assure
adequate access to immunization.

TN No. 94-18

Supersedes

Approval Date: 2/1/95

Effective Date: 10/1/94

TN No. None